STATE OF MARYLAND-	-CERTIFICATE OF DEATH 11657
1. PLACE OF DEATH	
County A Mary	Registration Dist. No. 282
Village or City Suca Hekanous	NoSt.,Ward
	(If death occurred in a hospital or institution, give its NAME instead of street and number) osds. How long in U.S. If of foreign birth?yrsmosds.
2 Fills War Classes Verice Carl	
2. FULL NAME TO THE WAY MANUEL WAY	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (pite the word)	21. DATE OF DEATH (Month) (Day) (Year)
a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. HEREBY CERTIFY That I attended deceased from
DATE OF DIRECTOR AND ADDRESS OF THE PARTY OF	I last saw have on little on for AP, 19, 36; death is said
5. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Days If LESS than	to have occurred on the dete steted ebove, at
1 day,hr:	The PRINCIPAL CAUSE OF DEATH and related couses of Importance
8. Trade, profession, or particular	were es follows: Oate of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.	- Duration - a couple hours & ewy B.
9. Industry or business In which work was done, as SILK MILL,	Thursision and child and after death
SAW MILL, BANK, etc.	- Predisposing or exciting Lange & renformers
1D. Date deceased last worked et this occupation (month end year) occupation	Ti. F
year)	Other Contributory Causes of Importence:
(State or country)	71 9 1
13. NAME a Parage Thomas Colored	tistory of UNUS Curishmend's due to ina-
1 and the second	bility to assimilate foods
(State or country)	Name of operation Date of
15. MAIDEN NAME IN COLOR COLOR	Whet test confirmed diegnosis?
president of the same	23. If death wes due to external ceuses (VIOLENCE) fill in also the following:
16. BIRTHPLACE (cary or town) (State or country)	Accident, suicide, or homicide?
1 2 64	Where did injury occur? (Specify city or town, county and State)
(Address)	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Date Date Date 195	Neture of Injury
19. UNDERTAKER 18 6 Malling (18) (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILED! / 29 , 186 leave Registrar.	(Signed) M. D. (Address) M. D.
The second secon	r, 2411 N. Charles Street, Baltimore, Requesting U. S. No. z.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	*	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis DEC 4 1930	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
	1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BWRITE PLAINT, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	quation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	AGAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	1
to ma	plnoy	220	1
y ite	S	it of	5
Ever	CIAL	temer	
Q	HYŚ	t sta	
REC	. P	Exac	
ENT	TLI	ied.	
MAN	KAC	lassif	
PER	E	rly c	cate.
IS A	state	prope	ertifi
HIS	pe	pe	jo :
K-T	pluod	t may	TION is very important. See instructions on back of certificate.
G IN	GE :	that i	o suc
ADIN	d. A	s, so	ructio
UNF	upplie	term	e inst
IT'H	Illy s	plain	. Se
K, W	arefu	H in	rtant
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PLA	pinou	OF D	very
RITE	ion si	USE (N is
-WI	mat	\QAI	410
B	-	1	

	CERTIFICATE OF DEATH 11658
1. PLACE OF DEATH County Si- mary	Registration Dist. No. 286
Village or City Oakley	
Time of Oily and a second of the second of t	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	ds. How long in U.S. if of foreign birth?
2. FULL NAME Helen Marie Blome	shong
(a) Residence: No. Wulli-	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
Frem Colored OR DIVORCED (write the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY, Thet I ettended deceased from 19.34 to 19.3
6 DATE OF RIPTH (month day and year) and 26 1934	I last saw her alive on Arm 2 19.36 : death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE 9. Years Months Days If LESS than	to have occurred on the date stated above, at 43 1 7 m.
3 / 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trede, profession, or particular	were as follows:
kind of work done, as SPINNER, Konce SAWYER, BOOKKEEPER, etc.	brith , Child from is lavy bade no Poston
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased last worked at this occupation (month end	in attendance on history of any diserved only
SAW MILL, BANK, etc	refused to take, or swallow, such nourishment
this occupation (month and spant in this occupation coupation	as was affected ste Curt B.
12. BIRTHPLACE (city or town) St - Marys Go mod	Other Coutributory Causes of importance:
(State or country) for the Colores	Stauration in the sanse of inanition, was the
13. NAME Jakon Baro armstrong	conse of Seath.
13. NAME Start Many (Start or country)	Name of operation Page Date of Date of
(State of country)	What test confirmed diagnosis? Amfredam Was there an autopsy? he
15. MAIDEN NAME Signes and	23. If death was due to external causes (VIDLENCE) fill in also the following:
15. MAIDEN NAME Games Writing 16. BIRTHPLACE (city or town) Sh- Ware C.	Accident, suicide, or homicide? Date of Injury, 19
(State of county)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT Using Uring (Address) I all by the	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Burat Date Store 27, 1936	Nature of injury
19. UNDERTAKER Lowing Knowly	24. Was disease or injury in any way related to occupation of deceased?
(Address) gall will	If so, specify
20. FILED /1 - 3 0 1936 M. r. Palm	(Signed) Walten B. Sent M. D
Registrar.	(Address) Dakley, Mol

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	1	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Perilonitis	3 days ago
Corona nemorrage			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	107.a
County H. Manth	Registration Dist. No. 282
Village or City Gatville	No. St., Ward death accurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or Jown whera daeth occurredyrs	20 ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Tense Colsulothy 9	sade Buchler
(a) Residence: No. Onche Gertrelle	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (white the word)	21. DATE OF DEATH (Month) (Day) (Yéar)
5a. If merried, widowed, or divorcad HUSBANO of	22,
(or) WIFE of	100 9 1 1936 to 200 9 1836
6. DATE OF BIRTH (month, day, and yeer)	I last saw h And alive on Serv 29 7, 1936; death le seid
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at
2 20 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and raleted causes of Importanca were as follows:
8. Trade, profession, or particular	() () () () () () () () () ()
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Macho (Quemona Rook)
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc	
SAW MILL, BANK, etc	
O this occupation (month end spent in this occupation	
12. BIRTHPLACE (city or town)	Other Coutributory Causes of Importance:
(State or country) Therefore May	
13. NAME Stewny Stade	
4 14. BIRTHPLACE (city or town)	Name of operation Oate of
(State of conliny)	What tast confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME 16. BIRTHPLACE (city or town)	23. If deeth was due to external causes (VIOLENCE) fill in also the following:
0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Dete of Injury, 19
(Stata or country)	Whare did injury occur? (Specify city or town, county and State)
17. INFORMANT Standards (Address)	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place St for fly Comelogy Know 30, 1936	Nature of Injury
10 HACTOTAKED OF ON POR Chieffer	24. Wes disease or injury in any way sated to occupation of deceased?
19. UNOERTAKER (Address)	If so, specify A
20 51150 11/2-9 10 36 (Dorosalosa)	(Signed) TIT Seasoff M.D.
20, FILEO 7, 19 5 5 MARCELECT	(Address) Lemandlowers and

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

to authorisation to change mothers name see letter	
PULL ALAMA AND AND AND AND AND AND AND AND AND AN	
0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	

STATE OF MARYLAND— 1. PLACE OF DEATH County St man.	CERTIFICATE OF DEATH Registration Dist. No. 284
	NoSt.,Ward death occurred in a horpital or institution, give its NAME instead of street and number)
(a) Residence: No. Famal Grove med (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE CR DIVORCED (write the word) 5a. If married widowed or divorced	21. DATE OF DEATH XXX 29 (193 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attanded daceased from Way 19 19 36, to 19 36
6. DATE OF BIRTH (month, day, and year) Culquet 14-1936 7. AGE Years Months Oays If LESS than 1 day,	I last saw here alive on over nov 19, 1936; death is said to have occurred on the date stated above, at 10,59, m.
2 Trade profession or particular	The PRINCIPAL CAUSE OF DEATIf and related causes of Importance were as follows: Oate of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Divertion two months
fo. Oate daceased last worked at this occupation (month and year)	Other Contributory Causes of importance;
12. BIRTHPLACE (city or town) Many and (Stata or country)	
13. NAME John Etton Buch f4. BIRTHPLACE (city or town) Maryl and	Name of operation. Date of
(Stata of country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Enuma Mathlesum magan 16. BIRTHPLACE (city or town) mary and (State or country)	23. If death was due to external causes (VIOL ENCE) fill In also the following: Accident, suicide, or homicida?
17. INFORMANT John Caton Buich (Address) Jamae Bronn 18. BURIAL, CREMATION, OR REMOVAL	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Place It Josephi Date Dec 1 1936	Mannar of injury
19. UNDERTAKER Eliner Quade (Address) Idaghis willy m	24. Was disease or injury in any way related to occupation of deceased? If so, specify
20. FILED 200 30 , 1936 Level Jock Registrar.	(Signed) Mugain C. Mills M. D. (Address) Chapter Vice M. D. 2411 N. Charles Street, Baltimore, Regulesting V. S. No. 1.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
1921	Run over by street car .	1 week ago
July 5,1927	Peritonitis	3 days ago
May 1,1923	Other contributory causes of importance:	. 1 year

	1915 1921 July5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

V. S. No. 1

Registration Dist. No.
n a horpital or institution, give its NAME instead of street and number)
low long in U.S. if of foreign birth?yrsds.
Ward. Styn. Co. If nonresident give city or town and State
MEDICAL CERTIFICATE OF DEATH
OF DEATH
(Month) (Day) (Year)
(Month) (Day) (Year)
HEREBY CERTIFY, That I attended deceased from V. 20 1956, to May. 26, 19 34
alive on 200 26 , 1936; death is said
ed on the date stated above, at _7m.
AL CAUSE OF DEATH and related causes of Importance
Date of onest
25 20.0.
ov Journey
Date of onest
ntory Causes of Importance:
ation F.G. Curue Date of
ation Date of
firmed diagnosis? Was there an autopsy?
s due to external causes (VIOL ENCE) fill in also the following:
ide, or homicide?, 19,
ury occur?
(Specify city or town, county and State) er Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
ury
ry
e or injury In any way related to occupation of deceased?
7
M. D.
(ddrose)

STATE OF MARYLAND—CERTIFICATE OF DEATH

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Example I		Example II	
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Chronic interstition nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

3 3 5 5 7 NOTE:	3 3 3 5 5 5 7 NOTE # # # # # # # # # # # # # # # # # # #	3 3 5 5 6 6 7 7 NOIT # 4 6 1 3 3 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	3 3 5 5 6 7 7 NOTE AND A 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	MOTHER FATHER 1	MOTHER FATHER	3 3 5 5 6 7 7 NOTHER FATHER 1	3 3 5 5 6 6 7 7 NOLL VEGILLOW 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
of certificate.	s on back of certificate.	ructions on back of certificate.	See instructions on back of certificate.	MOTHER FATHER 1 OCCURATION 199	ry important. See instructions on back of certificate.	is very important. See instructions on back of certificate.	110.N is very important. See instructions on back of certificate.
of certificate.	s on back of certificate.	ructions on back of certificate.	See instructions on back of certificate.	portant. See instructions on back of certificate.	ry important. See instructions on back of certificate.	TION is very important. See instructions on back of certificate.	110.N IS Very important. See instructions on back of certificate.
of c	s on back of c	ructions on back of c	See instructions on back of c	portant. See instructions on back of c	ry important. See instructions on back of c	is very important. See instructions on back of c	TION IS Very important. See instructions on back of c
	s on back	ructions on back	See instructions on back	portant. See instructions on back	ry important. See instructions on back	is very important. See instructions on back	TION IS VERY IMPORTANT. See INSTRUCTIONS ON DACK

STATE OF MARYLAND—	CERTIFICATE OF DEATH 11662
1. PLACE OF DEATH	(S) (D)
County St Marys	Registration Dist. No. 28/
Village or City Ridge	NoSt., Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number) s
2. FULL NAME William Edward Cu	a lay
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
B. SEX 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married	21. DATE OF DEATH Nov 29 , 193 6 (Year)
ia. If merried, widowed, or divorced IIUSBAND of (or) WIFE of Mabel Carley	22. I HEREBY CERTIFY, That I attended deceased from
DATE OF BIRTH (month, day, and year) June 27, 1882	1 1936
AGE Years Months Days If LESS than	to have occurred on the date steted above, at 10.10 Pm.
54 6 2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.	Date of one of
9. Industry or business in which	Carcinoma of bladder 1935
work wes done, as SILK MILL, SAW MILL, BANK, etc	
10. Date decessed last worked et this occupation (month and 1) 11. Total time (years) spent in this year) 28	
2. BIRTHPLACE (city or town) Baltimore	Other Contributory Causes of importance:
(State or country) Mol	
13. NAME John & Curling	
14. BIRTHPLACE (city or town) Baltemore	Name of operation Date of
(State or country)	What test confirmed diagnosis? Wes there an au'opsy?/
15. MAIDEN NAME Mary V neepier	23. If deeth was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Baltimore	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
7. INFORMANT My Mable Curlly	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place tringly Cemetery Date Sec. 1, 1936	Nature of Injury
9. UNDERTAKER E. L. Robinson (Address) Dames on Md	24. Was disease or injury in any way related to occupation of deceased? Rolling if so, specify
10. FILED Nov 29, 1936 Py Bear Mid. Registrar.	(Signed) M. D. (Ardress) great milla, and

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which eauses death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	73	Example II	
The principal cause of death and related cause of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis DEO	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	
County SP Mars's	Registration Dist. No. 28/
Village or City	No. St. Ward
	death occurred in a horpital or institution, give its NAME instead of street and number)
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME auces & Gannh	
(a) Residence: No. (Usual place of abode)	1786 Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH () 193 () 193 ()
5e. If merried, widowed, of divorced HUSBAND of Horork Husband of Horork	(Month) (Dey) (Yaar)
HUSBAND of Work Facult,	22. I HEREBY CERTIFY, That I attanded deceased from Nov. 8 1936, to Nov. 20 1936
6. DATE OF BIRTH (month, dey, end year) Qual, 1875	I lest saw have alive on 19-16, to 19-16; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et
(a) 3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importence
9 Frede explanation or positively	Methodie i Chronic Cwan.
A control of the cont	
9. Industry or businass in which	Duration: mate stateda
work was done, as SILK MILL, SAW MILL, BANK, etc	
O 10. Data deceased last worked at this occupetion (month and year) spent in this occupetion	
South	Other Cantributary Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	NTT III
13. NAME 15h. J. 40001-	
E 1 1 - 1 - 0	
L (State or country)	Nama of operation Deta of
	What test confirmed diegnosis? Was there en autopsy?
15. MAIDEN NAME Jame a reale 16. BIRTHPLACE (city or town) Chos au (State or country)	23. If death was due to axternel causes (VIOLENCE) fill in also tha following:
O 16. BIRTHPLACE (city or town)	Accident, sulcide, or homicida?
-1 (State of country)	Whera did injury occur? (Specify city or town, county and State)
17. INFORMANT Armen Teams (Address)	Specify whether injury occurred in INDÚSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Placa Villes Caux Dete Nor, 21, 1936	Nature of Injury
19. UNDERTAKER . R. Minson.	24. Was diseesa or Injury In eny wey releted to occupation of deceased?
(Address) Dans	If so, specify
20. FILED hor 20, 1936 Desot la Registrar.	(Signed) M. D. (Address) M. D.
	,

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis E Y E D	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage DFC 4 1936	July 5,1927	Peritonitis	3 days ago
BURGAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH	
County St Warry	Registration Dist. No. 281
Village or City Herman City	ND. St., Will death occurred in a horpital or institution, give its NAME instead of street and number)
2. FULL NAME Sauch C Sorsly (a) Residence: No. Associated to the control of the	nosds. How long in U.S. If of foreign birth?yrsmos
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE Female 4. COLOR OR RACE OR DIVORCED, (write the word) Manual	21. DATE OF DEATH (Month) (Day) (Day)
58. If marriad, widowed, or divorced HUSBAND ol (or) WIFE of Harden Hill	22. 1 HEREBY CERTIFY, That I attended dacaasad f
6. DATE OF BIRTH (month, day, and year) July 15, 1910 7. AGE Years Months Days If LESS than	I låst sawn Aliva om Aliva om 19 ; death is : to have occurred on the date stated abova, at 71.30 P. m.
26 3 17 1 day,	The state of the s
8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc	Hemorrhoge from juquelan skim (left) accidentil death 11/2/
12. BIRTHPLACE (city or town) Hermanville (State or country) Md	Other Contributory Causes of importance: Oute my Sulla Carlided
13. NAME Joseph C Doraly	
13. NAME Joseph Chroly 14. BIRTHPLACE (city or town) (State or country) Md	Name of operation Date of Was there an autopsy?
15. MAIDEN NAME Catterine Jackson 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to axternal causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide a card and Date of injury for 2, 19 3. Where did injury occur? State Road State (Specify city or town, county and State)
17. INFORMANT John State B. Hells (Address) Hermanille ma	Spacify whathar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Placa from Jan Date Nor 4 , 193	Manner of injury and with place Nature of injury Multiple lace has of necht fa
19. UNDERTAKER Thomas Harris (Address) Humanolli My	24. Was disaasa or injury In any way related to occupation of dacaasad?
20. FILED how 2, 1986 PyBean ho Registrar.	(Signed) N (Addrass) Da sat Mula Md

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	i i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
*UREAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			,

SIAIL OF MARYLAND—	CERTIFICATE OF DEATH 11965
County 31 mans.	107 a
Village or City Mechanics rule and -	Registration Dist. No. 26.4 No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurred yrs	sds. How long in U.S. if of foreign birth?yrsmosds.
(a) Residence: No. Mechanics mills md 1 (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Nov. 2 / 193 6 (Month) (Dey) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Ing and -	22. I HEREBY CERTIFY, That I attended deceased from Nov. 20 1936 to Nov 2 1 1936
6. DATE OF BIRTH (month, day, and yeer) July 24-1956 -	I lest saw h. M. elive on Nov - 20 , 19 3 G; death Is said
7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	to heve occurred on the dete stated above, et 10 Pm.
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	yy
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Data deceased last worked et	Droncho Pneumorine nov. 16 1936
10. Date deceased last worked et this occupation (month end year) 11. Total time (years) spant in this occupation	
12. BIRTHPLACE (city or town) May land - (Stete or country)	Other Contributory Causes of Importance:
13. NAME Flormas Street	
13. NAME from as Fact 14. BIRTHPLACE (city or town) many land (State or country)	Name of operation none Date of
	What test confirmed diagnosis? Wes there an au'opsy?
15. MAIDEN NAME Release Key 16. BIRTHPLACE (city or town). Mechanics will had (Stete or country)	23. If death was due to externel causes (VIOL ENCE) fill In also the following: Accident, suicide, or homicide?
17. INFORMANT Peherra Sey (Address) Some	Where did Injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place St. Josephs Countain Date nov 22, 1936	Manner of Injury
19. UNDERTAKER Elina R. Jarfae (Address) Mich, med -	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 11/2 3 , 1936 Devin Jothoron Registrar.	(Signed) Clayerino (Wilch M. D. (Address) Chaptres mal
If more blanks are needed, address State Registrar,	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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	Example I	i	Example II	
The principal cause of importance were a	of death and related causes s follows:	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nep		1921	Run over by street car	1 week ago
Cerebral hemorrhage	DEC 4 Mai	July 5, 1927	Peritonitis	3 days ago
	BURBAU Y. S.	1		
Other contributory c	auses of importance:	9	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

			- 1
INLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	EATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
Jo u	pino	220	
iteı	Sh	40	
very	IANS	nent	
D. E	SIC	tater	
OK	HX	st si	
REC		Exac	
LN	LY	7	
NE	CI	sifie	
RMA	XA	class	
PE	E	rly	cate.
SA	tate	rope	rtifi
SI	S	e p	f ce
H	qF	A P	9
7	ould	ma	bac
Z	US.	t it	On
SV	AGE	thai	OUS
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NFA	plied	rms,	important. See instructions on back of certificate.
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STATE OF MARYLAND—CERTIFICATE OF DEATH

1	5	10	60	13
1	1	()	0	G

1. PLACE OF DEATH	
County At Marys	Registration Dist. No. 281
Village or City Great Mills	No. St Ward
Length of residence in city or town where deeth occurredyrsmos	f death occurred in a hospital or institution, give its NAME instead of street and number) ds. Hew long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Thomas I Lamble)
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED WIDOWED	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) 4 (Year)
5a. If married, widowed, or divorced HU3BAND of (or) WIFE of	22. I HEREBY CERTIFY, Thet I ettended deceased from
- L 1911	Nor 10, 1936, to Nov 14, 1936
6. DATE OF BIRTH (month, day, and yeer) about 1864 7. AGE Years Months Days If LESS then	I last saw here alive on 12 1 3 1936; death is seld
ah + 79 und - Iday,hrs.	to have occurred on the date steted above, et. G. 2.3. Am. The PRINCIPAL CAUSE OF DEATH and related causes of Importence
8 Trade profession or particular	were es follows:
kind of work done, es SPINNER, Jarmen	Chronic Introdutial 1930
9. Industry or business in which work was done, as SILK MILL.	nephritis
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc 10. Date deceased lest worked at this occupation (month entitle).	Theo Colitis (dietatie) 11/1/36
this occupation (month-en) 1935 spent in this soccupation	
12. BIRTHPLACE (city or town) Red Gate (State or country)	Other Coutributory Causes of Importence:
13. NAME Chomas Rangley	
13. NAME Thomas Kangley 14. BIRTHPLACE (city or town) inhour	Name of operation Dete of
(State of country) Pharyland	What test confirmed diegnosis? Wes there en eutopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	23. If death wes due to externel couses (VIOL ENCE) fill In elso the following:
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
17. INFORMANT Elizabeth Bearing	Where did injury occur?
(Address) Great Mills Mid 18. BURIAL, CREMATION, OR REMOVAL	
Place July Tace Conding Date 15, 1936	Menner of injury
19. UNDERTAKER Long C Mattingly (Address) Long Lown and	24. Was diseese or injury in any wey related to occupation of deceased?
20. FILED Nov 14, 1936 PJB mo	(Signed) M. D. (Address) Put Mills Ind
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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The principal cause of death and related eauses of importance were as follows:			Example II		
			The principal eause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	DFC 4 1936	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis		1921	Run over by street car	1 week ago	
Cerebral hemorrhand	BURBAU V. S.	July 5,1927	Peritonitis	3 days ago	
Other contributory	causes of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-

See instructions on back of certificate.

TION is very important.

STATE O	MARYL	AND-CERTIF	ICATE OF	DEATH	11667
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1	. PLACE OF DEATH	
	County At Marya	Registration Dist. No. 281
	Village or City Valley Lee	No. St Ward
	Length of recidence in city or lown where death account	if death occurred in a hospital or institution, give its NAME instead of street and number)
		sds. How long in U.S. if of foreign birth?yrsds.
2	FULL NAME Infant dedman	
	(a) Residence: No	St., Ward. If nonresident give city or town and State
-	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. 5	Mele 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIYORCED (write the word)	21. DATE OF DEATH
5a.	If merried, widowed, or divorced	(Month) (Day) (Year)
	HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I ettended deceased from
		Nov 10 , 1936 , to hor 10 , 1936
7. /	DATE OF BIRTH (month, day, and year) Nov 10, 1936	I last saw han shire on to the town to lo, 19.36; death is said
1. /	AGE Yeers Months Days If LESS than 1 day,hrs.	to have occurred on the dete stated above, at 5-302-m. The PRINCIPAL CAUSE OF DEATH and related causes of importance
_	2 Trade profession or positively	were as follows:
NO	8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	the first
OCCUPATION	9. Industry or business in which	11/10/36
3	work wes done, as SILK MILL, SAW MILL, BANK, etc	lunger to the the
0	1D. Date deceased last worked at this occupation (month end year) occupation coupation	January Januar
12.	BIRTHPLACE (city or town) Valley Lee	Other Contributory Causes of Importance:
_	(State or country) had	
FATHER	13. NAME John B Redman	
ATE	14. BIRTHPLACE (city or town) Valley de	Name of operation Date of
	(State or country)	What test confirmed diagnosis? Was there an autopsy?
MOTHER	15. MAIDEN NAME Coa m Evans	23. If death was due to external ceuses (VIDLENCE) fill in elso the following:
0	16. BIRTHPLACE (city or town) Seat mills	Accident, suicide, or homicide? Date of injury, 19
2	(State or country) hid	Where did injury occur?
17.	INFORMANT John Bolleding	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18.	BURIAL, CREMATION, OR REMOVAL	Manner of injury
	Place home, man Valley halten Nov 10, 1936.	Neture of injury
19.	UNDERTAKER John & Redman	24. Wes disease or injury in any way related to occupation of deceased? If so, specify
20.	FILED POS 10 , 1936 Off Search With	(Signed) M. D. (Address) Great Mills Mid
	If more blanks are model all w Com B	Andrews - francisco - francisc

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," ctc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related eauses, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows: Arterioselerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BOWE AND V. B.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	or-	ate	Y.	
	inf	l st	CUE	
	Jo m	onlo	000	
	iter	sh	Jo	
	ery	VNS	ent	
	E .	ICL	stem	
	RD	HYS	sts	
	A	PI	xact	
	TR	Y.	G	
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	ERN	EX	cl.	
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	LY,	cal	TH	
	A S	l be)EA	
	WHITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	nation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	
	TE	n sh	SE (
	V.	atio	AUS	1
4	4	1	O	-

V. S. No. 1 N. B.- TION is very important. See instructions on back of certificate.

STATE OF MARYLAND-	CERTIFICATE OF DEATH 11668
1. PLACE OF DEATH	(120)
County St Marys	Registration Dist. No. 28/
Village or City Valley Lee	Np. St. Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number) s
2. FULL NAME Janice Clothedman	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Temple Uhile Sungle	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced	
HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from
han fra 10211	
6. DATE OF BIRTH (month, day, and year) Sept. 17, 1934 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at _ 4 _ P m.
2 1 17 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	AA
SAWYER, BODKKEEPER, etc.	discolitis 10/2778
work was done, as SILK MILL, SAW MILL, BANK, etc	
S. Trace procession, or particularly and the procession of particular procession of particular procession which sawyer, BookKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 1D. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation occupation.	
12. BIRTHPLACE (city or town) Valley del (State or country)	Dther Coutributory Causes of importance;
E COMPANY	Name of streeting
4 14. BIRTHPLACE (city or town) Language Cell	Name of operation
15. MAIDEN NAME COS IN COOM	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Green & Mills	Accident, suicide, or homicide?
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address) 1/allen Lee hid	Specify whether Injury occurred in INDÚSTRY, In HOME, or In PÚBLIC PLACE.
18. BURIAL, CREMATION, DR REMOYAL	Manner of injury
Place of George males Date Nov 5, 1936	Nature of Injury
19. UNDERTAKER Um C Matting ley (Address) Lenge down hid	24. Was disease or Injury In any way related to occupation of deceased?
20. FILED PLY 4, 186 ABgan han	(Signed) Address Free + my ll MA

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
MUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOI	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1 N. B.- of OCCUPA-

	ST	ATE OF	MARY	LAND-	CERTIFICATE OF DEATH	169
1.	PLACE OF DEATI	H	_		2.3	
	County St Mis	uys .			Registration Dist. No28/	
	Village or City	rayden			NoSt.,	Ward
	Length of residence in city	or town where dea	th occurred 30		death occurred in a hospital or institution, give its NAME instead of street and numds. How long in U.S. if of foreign birth?yrsmos	
2.	FULL NAME an	a inda	Smit	h		
	(a) Residence: No.		2. 2. B. 1 P. 42. 3.		St. Ward.	
	(a) nesidence, na.		(Usual place of a	bode)	If nonresident give city or town and Sta	ite
	PERSONAL AND	STATISTIC	AL PARTICU	JLARS	MEDICAL CERTIFICATE OF DEATH	
3. SE	4. COLOR	OR RACE	S. SINGLE, MARRIE OR DIVORCED (3	write the word)	21. DATE OF DEATH Nov. 15	936
5a. If	married, widowed, or divorce	ed. A	7,00000		(Month) (Day)	(Year)
	HUSBAND of (or) WIFE of	1 Ami	th		22. I HEREBY CERTIFY. That I attended do	
6. DA	TE OF BIRTH (month, day, a	and year) Man	ch 3 187	7	I last saw h alive on	
7. AG		Months	Days	If LESS than	to have occurred on the date stated above, at	
	59	8	/ 7	l day,hrs.	The PRINCIPAL CAUSE OF DEAT[1 and related causes of importance were es follows:	-
z	8. Trade, profession, or part	icular	/	1)ate of onset
음	kind of work done, as SAWYER, BDDKKEEPE		ouseway	L.	Pulmonary Interculsous	1933
OCCUPATION	9. Industry or business in v work was done, as SIL SAW MILL, BANK, etc	vhich K MILL,	on hom		0	
000	O. Date deceased last worke this occupation (montly	de at	11. Total timo spant in occupat	this 90		
12. B	RTHPLACE (city or town) (State or country)	Herman	wille		Other Contributory Causes of importance:	
2 1	3. NAME Jan	ial Wa	tto			
FATHER	4. BIRTHPLACE (city or town	1)			Name of operation Date of	
	(State or country)	Jan	angland	(What test confirmed diagnosis? Was there an au'o	psy?-Mo-
MOTHER	5. MAIDEN NAME He	nrietta	Lee		23. If death was due to external causes (VIOLENCE) fill in also the following:	
0 1	6. BIRTHPLACE (city or town	1)			Accident, suicide, or homicide? Date of injury	., 19
Σ	(State or country)	ma	myland.		Where did injury occur?	
17. INFORMANT Jeff Smith (Address) Drawden, knd			th hol	•••••	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE	<u>.</u>
18. BURIAL, CREMATION, OR REMOVAL)	1	Menner of injury	
	Place Jeon Jan	ameler	Date Pox	1/1936	Nature of injury	
19. U	NDERTAKER Thomas (Address) Herm	as Has	sis. Jud	•••••••	24. Was disease or injury in eny way related to occupation of deceased?	Lp.
20. FI	LED Mor 15 , 19	36	Pf Dear	Registrar.	(Signed) (Ardress) Great mills, md	M, D,

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail mcrchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	AN
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V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 11670
1. PLACE OF DEATH	100
County St Mary A	Registration Dist. No. 2 PY
Village or City Charles at all (II	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrs,mos	
2. FULL NAME James trederal &	Le SEUS. Veteran, specify WAR
(a) Residence: No.	St., Ward.
(Usualplace of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (purite the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If marriad, widowed, or divorced	
HUSBAND of (or) WIFE of Mary Eliza	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Luce 27 - 1873	I last saw h aliva on 19; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, etm,
63 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importence were as follows:
8 Trade profession or particular	a Lurning building was smolved a cutoff
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date daceased last worked at this occupation (month and	Burned cep un
9. Industry or business in which work was done, as SILK MILL,	Loue -
SAW MILL, BANK, etc	House caught fire ; and pames Fraderick
this occupation (month and spent in this occupation year)	Speaks una probably resteeps
y may C	Other Contributory Causes of Importence:
12. BIRTHPLACE (city or town) (State or country)	
I 13. NAME Buck Col	
13. NAME Seels locales 14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of
(Caste of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Mary arch Bushace	23. If death was due to external causes (VIOLENCE) fill in also the following:
6 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? a Cashafa Date of injury No. 19. 3.6
E (Stata or country)	Where did injury occur?
17. INFORMANT Mallie thouses (Address) Cherlotte Hall	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL Place of the option Date novo 16, 1936	Menner of injury Nature of Injury Larouser. much gated
19. UNDERTAKER Eliner K. Jashon (Address)	24. Was disease or injury In any way releted to occupation of deceased?
20. FILED Mas 15, 19 June fractions. Registrar.	(Signed) Leven Hollow M.D. (Address) Cheloele Hael

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I		Example II	
The principal cause of death and related cau of importance were as follows:	Ses Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		Attack of epilepsy	1 week ago
Chronic interstitial nephrois	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

FOR BINDING ARGIN RESERVED

Exact statement WITH UNFADING INK-THIS IS A PERMANENT RE stated EXACTLY. properly classified. certificate. AGE should be See instructions on back of CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. TION is very important. -WRITE PLAINLY, m

Country	registration bist. No.
Village or City 12 (Down for Ton)	NOSt., Ward f death occurred in a horpital or institution, give its NAME instead of street and number)
	sds. How long in U.S. if of foreign blith?yrsmosds.
2. FULL NAME Queine Thersees Afri	1001
(a) Residence: No. (Usual place of abode)	St., Ward. ff nonresident give eity or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the wgrd)	21. DATE OF DEATH (Month) (Day) (Ysar)
5a. If married, widowed, or divorced HUSBAND of OF WIFE of War Afriggs	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Man. 13 1882	I last saw hele file of the said
7. AGE Yaars Months Days If LESS than I day,hrs.	to have occurred on the date stated above, at
34 10 ormin.	wera as follows: Date of onest
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	Maria Maria Maria
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	o) Heart
10. Data deceased last worked at this occupation (month and year) year) 11. Total time (years) spant in this occupation	Chevrie Myocarditis
12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance:
13. NAME DARA T. Store	Julianus aguina
13. NAME (See T. WOOK) 14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of
	What test confirmed diagnosis? Was there an autopsy?
	23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) (Stata of country)	Accident, suicide, or homicida? Data of Injury, 19 Where did Injury occur?, 19
17. INFORMANT VILL. N. Sprie (D. 11. 1NFORMANT) Va air S. V. Twosh & S.	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Character Date Nov 20, 1936	Manner of injury
19. UNDERTAKER WWDESLE Work, S	24. Was disease or injury in eny way related to occupation of deceased?
20. FILED 11/17 , 19 & 6 Requesters Registrar.	(Signed) Address) Leverard French

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	Example II	
The principal cause of death and related causes of importance were as follows:	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	Run over by street car	1 week ago
Cerebral hemorrhage July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	Other contributory causes of importance:	
Gallstones May 1,1928	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 11672
1. PLACE OF DEATH	210-2
County If Many	Registration Dist. No.
Village or City Loualaborer	No. Or aceer's market w
Length of residence in city or town where death occurredyrs,mos	death occurred in a horpital or institution, give its NAME instead of street and number)
L. C. Three LIR	
2. FULL NAME MUCAU COUNTY	St Warn's
(a) Residence: No./ (Usual place of abody)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR D) YORCED (write the word)	21. DATE OF DEATH 2007, 14, 193 6 (Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY, That I attended decaased f
E DATE OF BIRTH (mosth day and year) Mel 4 1902	(h a 114 3/-
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	I last saw handlive on the date steted above, at m,
214 H // 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importance
8. Trade, profession, or particular	wera as follows:
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	Traclined skeel
9. Industry or business in which	(auto a walut)
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc	
11. Total time (years) this occupation (month end spent in this	
yaar) occupation	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town)	
(State or country)	
I 13. NAME VO. Co. Valeture	
7 14. BIRTHPLACE (city or town) Mulus and	Nama of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
III 15. MAIDEN NAME	23. If death was due to extarnal causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town) Dustues of State or country)	Accident, suicide, or homicide?, 19_2
State or country)	Where did Injury occur? M. Specify city or town, county and State)
17. INFORMANT	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address)	Tuesday 1000
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury Thurself from Care
Place July Date 1, 19	Nature of injury / Lacelles (4)
19. UNDERTAKER O . O. Malling	24. Was disease or injury In any way related to occupation of deceased?
(Addrass) Jourgalous)	If so, specify
20. FILED 11/15 , 19 316 Caualy	(Signed) / Lagli III - Chillian III
Registrar.	(Address) A LOS CON Y HALL

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	
	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

TION is very important.

STATE OF MARYLAND-CERTIFICATE OF DEATH

A	10	lung.	17
L	O	1	3

1. PLACE OF DEATH	1070
County of Many	Registration Dist. No. 28/
Village or City Hollywood	No. St., Ward
Length of residence in city or town where death occurred	If death occurred in a horpital or institution, give its NAME instead of street and number) Solution of the street and number) Solution of the street and number) Solution of the street and number)
A. 6 100 - 1.	la Core
	St. Ward.
(a) Residence: No(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HU3BAND of	
(or) WIFE of	1 HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Q 24, 1935	Hest saw harmalive on Nov 8 1926 ; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
/ 0 /5 1 day,hrs	THE PARTICIPAL CAUSE OF DEATH end related causes of importance
P. Trade profession or particular	Were as follows: Date of onset
KIND OF WORK DONE, AS SPINNER, SAWYER, BDOKKEEPER, etc.	Brone Appnessonia 11/7/36
9. Industry or business In which work was done, es SILK MILL, SAW MILL, BANK, etc	Bronehitia U/1/36
Notes that the second of the s	
12. BIRTHPLACE (city or town) Holly was a series or country)	Dther Contributary Canses of importance:
13. NAME 14. BIRTHPLACE (city or town) (State or country)	Name of operation
(State of country)	What test confirmed diagnosis? Was there en autopsy?
15. MAIDEN NAME M Berlene Newton	23. II death was due to external causes (VIOL ENCE) fill in also the Ioliowing:
15. MAIDEN NAME M. Berlena Menton 16. BIRTHPLACE (city or town). Hollywood (State or country)	Accident, suicide, or homicide? Date of Injury, 19
State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Gran Vallace (Address) Holly word, hid	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place of John dendly Date Nov 10, 1936	Nature of injury
19. UNDERTAKER Affermal lales (Address) Hollywood had	24. Was disease or Injury in any way related to occupation of deceased?
20. FILED Nov 9, 1836 GJB, M.D. Registrar.	(Signed) M.D. (Address) Great Mills, M.A.
	r, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

B.—WRITE PLAINLY,

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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DEC 4 1330			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH County Registration Dist. No. Village or City/X-1/10/10 (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred How long in U.S. if of foreign birth?_____yrs.____mos.____ds. 2. FULL NAME If U. S. Veteran, specify WAR, (a) Residence: No. Ward. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. 5EX/ 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED 21. DATE OF DEATH OR DIVORCED (write the word) (Month) (Day) 5a. If marriad, widowed, or divorced HUSBAND of CERTIFY, That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Months Davs If LESS than to have occurred on the date stated above, at /// 1 day, hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or____min. Date of onset 8. Trada, profession, or particular OCCUPATION kind of work dona, as SPINNER, SAWYER, BDDKKEEPER, etc 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc..... 10. Data deceased last worked at 11. Total time (years) this occupation (month and spent in this vaar) _____ occupation Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) (Stata or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) Name of operation..... (State or country) What test confirmed diagnosis? _____ Was there an autopsy?____ MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicida?_______ Date of injury_______19. 16. BIRTHPLACE (city or town). (State or, country) Where did injury occur?____ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. 17. INFDRMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury Nature of injury 19. UNDERTAKER (Address) If so, specify Registrar. (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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